

XX

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002119

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 155

Primary Registration District No. 3127

Registrar's No. 19

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED FEB 4 1963

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		c. CITY OR TOWN Joplin	
Length of stay in 1b 2 wks.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Mem. Hosp.		d. STREET ADDRESS (If outside, give location) 925 E. 12th St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First VERNAL Middle I. Last PRESLEY		4. DATE OF DEATH Month January Day 20 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/29/1926
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Work		10b. KIND OF BUSINESS OR INDUSTRY Jane Chinn Hosp.	
11. BIRTHPLACE (City and state or country) Alicia, Arkansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME P.L. WOLFE		13b. MOTHER'S MAIDEN NAME RUBY WATTS	
14. NAME OF HUSBAND OR WIFE ALBERT J. PRESLEY		Address Joplin, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Albert J. Presley, 925 E. 12th St., Joplin, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) URINARY SUPPRESSION INVASIVE CARCINOMA OF CERVIX Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 3 days 10 1/2 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 1-2-62 to 1-20-63 and last saw her alive on 1-20-63. Death occurred at 10:50 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) C. F. Gregory, D. O. [Signature]		22b. ADDRESS 624 W. Broadway, Webb City, Mo.	
22c. DATE SIGNED 1-30-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/23/63	23c. NAME OF CEMETERY OR CREMATORY Osborne Mem. Cem.	23d. LOCATION (City, town, or county) Joplin Missouri
24. FUNERAL DIRECTOR ADDRESS Thornhill-Dillon Mortuary, Joplin, Mo.		25. DATE RECD. BY LOCAL REG. 1-22-63	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OFVS 300
Rev. 4/59.

DATE AMENDED

3

4 1

5 1

6

7 1

8 2

9 171X

10

11

12 1-2

13 1-0

FEB 1963

2840
2840

1
1
1
1

8-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.